

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

PATENT
Date: October 14, 2003
File No.: 0212.66894

Sir:

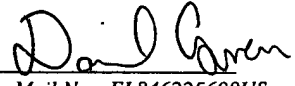
Transmitted herewith for filing is the patent application of

Inventor(s): Wolfgang Hirschburger, Randall Coe
and Steve Cole

For: PORTABLE BATTERY
CHARGING AND AUDIO UNIT

I hereby certify that this paper is being deposited with the United States Postal Service as EXPRESS MAIL in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date.

10/14/2003
Date


Express Mail No. EL846225608US

Enclosed are:

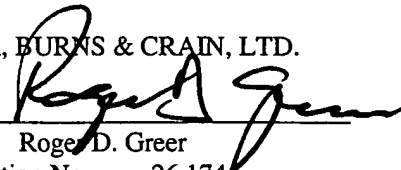
- (X) 15 pages of specification, including 21 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () sheet(s) of informal drawing(s).
- (X) 9 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to Credo Technology Corporation
- (X) Assignment Form Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s).
- () Information Disclosure Statement.
- () Form PTO-1449 and cited references.
- () Associate Power of Attorney.
- () Priority Document.

Fee Calculation For Claims As Filed

- | | | | | | | | |
|----------------------------|-----------|-----------|---|----------|---|------------------|------------------|
| a) Basic Fee | | | | | | | \$ 770.00 |
| b) Independent Claims | <u>2</u> | <u>3</u> | = | <u>0</u> | x | \$ 86.00 = | \$ <u> </u> |
| c) Total Claims | <u>21</u> | <u>20</u> | = | <u>1</u> | x | \$ 18.00 = | \$ <u>18.00</u> |
| d) Fee for Multiple Claims | | | | | | \$290.00 = | \$ <u> </u> |
| | | | | | | Total Filing Fee | \$ <u>788.00</u> |
- () Applicant qualifies as small entity status, reducing filing fee in half to \$
 - (X) A check in the amount of \$ 788.00 to cover the filing fee is enclosed.
 - () Charge \$ to Deposit Account No. 07-2069.
 - () Other
 - (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. Two duplicate copies of this sheet are enclosed.

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22154 U.S. PTO
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